

FILED FEB 4 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH47502  
STATE FILE NUMBER  
12136

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>AFTON</u> 4790 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>27 7024 ROCK HILL RD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>F</u> Last <u>BROOK</u>		4. DATE OF DEATH Month <u>DEC</u> Day <u>16</u> Year <u>1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 17 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SHEET METAL WORKER</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>ALBERT BROOK</u>		13b. MOTHER'S MAIDEN NAME <u>PHILOMENA HERMAN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>ALBERT BROOK</u> Address <u>7024 ROCK HILL RD</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Branchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture of 3rd, 5th, 6th, 7th &amp; 9th ribs, left side;</u> DUE TO (c) <u>E902.021</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Slipped while he left from chicken house at his home on December 15th, 1957.</u>	
20c. TIME OF INJURY Hour <u>12</u> Month, Day, Year <u>1957</u> a.m. <u>1557</u> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>27 Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Afton</u> COUNTY <u>Missouri</u> STATE <u>MO</u>	
21. I attended the deceased from Death occurred at <u>500 A.</u> to <u>500 A.</u> and last saw her alive on <u>12/17/57</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree of title) <u>Joseph M. Turner</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 19 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ST PETER &amp; PAUL CEM ST LOUIS</u>		23d. LOCATION (City, town, or county) (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Thomas H. H. H.</u> ADDRESS <u>2906 Grannis</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 17 '57</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		27. DATE SIGNED <u>12/17/57</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Leo J. Buddle* .....

Licensed Embalmer No. *3989* .....

P. O. Address *St. Louis, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.